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## FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT DEP. AS FILED DEP. IND. DEP. IND. DEP. IND. IND. IND. \_1 TOTAL TOTAL DEP. TOTAL CLAIMS TOTAL DEP. \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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